This survey is available online at: YouthVote.nv.gov

PARTICIPANT			
Name of School, Group, or Organization Educator or Coordinator (Printed)			
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QUESTIONS			
1.	. Did you receive youth vote information from the Secretary of State/Dep. of Education? Yes: [] No: []		
2.	. Were you able to work with your county election official on youth vote activities? Yes: [] No: []		
3.	3. In which youth vote activities, if any, did your class(es) participate? Did your class(es) find this activity to be educational and interesting? (Rank on a scale of 1 to 5, 1=Strong No, 5=Strong Yes		
	1 2 3 4 5 Voted in Nevada Student Mock Election		on
	1 2 3 4 5 Speeches and debates before students and parents by local candidates		
	1 2 3 4 5 Hosted "issues forum," mock press conference or speech writing competitions		
	1 2 3 4 5 Visited County Election Administrator office		
	1 2 3 4 5 Students worked as Polling Place Assistants on Election Day		
	Other: Rank Activity		
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4. What comments, suggestions or concerns do you have about any of the above activities? (note below or on reverse)			nave about any of the above activities?
5.	Do you have any additional comments, suggestions or concerns regarding youth vote activities? (note below or on reverse)		
(note below of on reverse)			